

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18310

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>			
b. CITY OR TOWN <u>ST. CHARLES</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>ST. CHARLES</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. JOSEPH'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>526 No. 5th Str.</u> <u>09230</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MANDY</u>		b. (Middle) <u>ELLA</u>		c. (Last) <u>DEAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 1957</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 20, 1863</u>	
9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>4</u>		11. DAYS <u>24</u>		12. COUNTRY OF BIRTH (City and State or Foreign Country) <u>TENN</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TENN</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WARREN COLBERT</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN W. DEAN (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MELLIE STRATMAN</u> ADDRESS <u>ST. CHARLES, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u> ANTECEDENT CAUSES <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (b) <u>UNKNOWN</u> DUE TO (c) <u>fracture of left femur</u> II. OTHER SIGNIFICANT CONDITIONS <u>large decubitus ulcer, sacral area</u> Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u> <u>4 wks.</u> <u>3 wks.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200F		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct.</u> , 19 <u>56</u> , to <u>May 14</u> , 1957, that I last saw the deceased alive on <u>May 14</u> , 1957, and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Otho M. Simmes, M.D.</u>				23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>5/14/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 15, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLOSSINGAME CEM</u>		24d. LOCATION (City, town, or county) (State) <u>WHITE COUNTY ARK.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 14 - 57</u>		REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Prinster</u> ADDRESS <u>St. Charles Mo.</u>			
(Licensed Embalmers' Statement on Reverse Side) <u>PRINSTER-HUGHES INC.</u>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~and~~, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer R. Cadwell*

Licensed Embalmer No. *4077*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.